



Listeriosis

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Stiff neck**

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ **Nausea**

☐ ☐ ☐ ☐ **Vomiting**

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ **Immunosuppressive therapy or disease**

☐ ☐ ☐ ☐ **Underlying illness** Specify: _____

☐ ☐ ☐ ☐ **Infant <38 weeks gestation (preemie)**

Gestational age: _____

☐ ☐ ☐ ☐ **Miscarriage or stillbirth**

☐ ☐ ☐ ☐ **Pregnant**

Estimated delivery date ____/____/____

OB name, address, phone: _____

☐ ☐ ☐ ☐ **Postpartum mother (<= 6 weeks)**

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Meningitis**

☐ ☐ ☐ ☐ **Meningoencephalitis**

☐ ☐ ☐ ☐ **Primary bacteremia**

☐ ☐ ☐ ☐ **Sepsis syndrome**

☐ ☐ ☐ ☐ **Altered mental status**

☐ ☐ ☐ ☐ **Abscess or infected lesion**

☐ ☐ ☐ ☐ **Septic arthritis**

Clinical Findings (continued)

Y N DK NA

☐ ☐ ☐ ☐ **Other clinical findings consistent with illness**

Findings: _____

☐ ☐ ☐ ☐ **Admitted to intensive care unit**

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ **Autopsy** Place of death _____

Laboratory

Collection date ____/____/____

Source _____

P N I O NT

☐ ☐ ☐ ☐ ☐ **L. monocytogenes culture (from normally sterile site: blood or cerebrospinal fluid; joint, pleural or pericardial fluid)**

☐ ☐ ☐ ☐ ☐ **L. monocytogenes culture (placental or fetal tissue from a miscarriage or stillbirth)**

☐ ☐ ☐ ☐ ☐ **Food specimen**

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

NOTES

INFECTION TIMELINE

Enter onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-70 -3

o
n
s
e
t

Contagious period

week to months* after onset

Calendar dates:

* in stool

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ If newborn, birth mother had febrile illness during this pregnancy
- ☐ ☐ ☐ ☐ If infant, confirmed infection in birth mother
- ☐ ☐ ☐ ☐ If newborn, confirmed Listeria infection in birth mother
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
- ☐ ☐ ☐ ☐ Prepackaged, ready-to-eat meat (e.g. hotdogs, bologna, turkey)
- ☐ ☐ ☐ ☐ Deli sliced meat or cheese
- ☐ ☐ ☐ ☐ Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
- ☐ ☐ ☐ ☐ Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)
- ☐ ☐ ☐ ☐ Preserved, smoked, or traditionally prepared fish
- ☐ ☐ ☐ ☐ Known contaminated food product

Y N DK NA

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/Location: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Farm or dairy residence or work
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
- ☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit
- ☐ ☐ ☐ ☐ Soil exposure (e.g. gardening, potting soil, construction)

How was this person likely exposed to the disease:

☐ Food ☐ Drinking Water ☐ Recreational water ☐ Person
☐ Animal ☐ Environment ☐ Unknown

Where did exposure probably occur?

☐ U.S. but not WA (State: _____)

☐ In WA (County: _____)

☐ Not in U.S. (Country/Region: _____)

☐ Unknown

Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description):

- ☐ No risk factors or exposures could be identified
- ☐ Patient could not be interviewed

PUBLIC HEALTH ISSUES**PUBLIC HEALTH ACTIONS**

- ☐ Any public health action, specify: _____

NOTES

Investigator _____

Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____